

www.mass.gov/abcc

| LICENSE NUMBER | : 070400001 | | CITY OR TOWN | MIDDLET | ON |
|---------------------------------------|--------------------------|----------------------|---|-------------------|------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | CHINA VILLA OF | MIDDLETON, IN | NC. | | |
| DOING BUSINESS | A CHINA VILLA | | | | |
| ADDRESS 239 MAF | LE ST. | | | | |
| CITY/TOWN: MID | DLETON | STATE: MA | ZIP CODE: | 01949 | |
| | LETIER, TYP. | E OF LICENSE:R | estaurant C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
|] | PLEASE ALSO VISIT OUR WE | BSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION OF I | LICENSED PREMIS | ES: | | | |
| TWO FLOORS, TWO WINE | O ROOMS ON EAC | H FLOOR. CELL | AR USED FOR STO | RAGE OF BE | EER AND |
| I hereby certify and s | wear under penalties | of perjury that: | | | |
| 1. the renewe | ed license will be of t | he same type for the | ne same premises now | licensed; | |
| 2. the license | e has complied with | all laws of the Cor | nmonwealth relating t | to taxes; and | |
| 3. the premis | ses are now open for b | business (If not exp | olain below) | | |
| | | | | | |
| SIGNED BY | | | | | |
| | Individual, Partner | or Authorized Cor | porate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE | E NUMBER: | | | ΓΙΟΝ NUMBER: |
| | | | (Note: NOT In | dividual Social S | Security Number) |
| | by the building ins | pector and the he | he certificate requir ad of the fire depart surance required by | ment for the | above |
| Please Check Below: | | | LOCAL LICENS | SING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | ın) | | | | |
| | | | | | |
| DATE: | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |



www.mass.gov/abcc

| LICENSE NUMB | ER: 070400004 | | CITY OR TOWN N | IIDDLETON |
|----------------------|-------------------|---|---------------------------|-----------------------------|
| APPLICATION F | OR RENEWAL: | Annual | LICENSEI | D FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAMI | E: MIDDLETC | ON MOTEL CORP. | | |
| DOING BUSINES | SS A CANDLEL | LITE MOTEL | | |
| ADDRESS 319 No | ORTH MAIN ST | Γ. | | |
| CITY/TOWN: M | IDDLETON | STATE: MA | ZIP CODE: | 01949 |
| | ERRENGIA, SEPH | TYPE OF LICENSE: Inni | holder CATI | EGORY: All Alcohol |
| EMAIL ADDRESS | S: | | | |
| | PLEASE ALSO VISIT | Γ OUR WEBSITE AND ENTER YOUR EN | IAIL ADDRESS | |
| DESCRIPTION O | | | | |
| | | 2 ROOMS ON SECOND F OR ALCOHOLIC BEVERA | | |
| I hereby certify and | d swear under pe | enalties of perjury that: | | |
| 1. the rene | ewed license will | be of the same type for the | same premises now lice | ensed; |
| 2. the lice | nsee has complie | ed with all laws of the Comn | nonwealth relating to ta | xes; and |
| 3. the prer | mises are now op | en for business (If not expla | in below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, I | Partner or Authorized Corpo | rate Officer | |
| | | | | |
| | | | | |
| DATE: | TELE | PHONE NUMBER: | | ENTIFICATION NUMBER: |
| | | | (Note: <u>NOT</u> Individ | ual Social Security Number) |
| Acts of 2004, sign | ned by the build | we are in possession (1) the ing inspector and the head cate of liquor liability insu | of the fire departmen | nt for the above |
| Please Check Below: | | | LOCAL LICENSIN | G AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | -1-:-) | | | |
| (If disapproved exp | piaiii) | | | |
| | | | | |
| DATE: | | | | |



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| LICENSE NUM | MBER: 070400006 | | CITY OR TOWN | MIDDLET | ON |
|--|-------------------------|---|----------------------|-------------------|-----------------|
| APPLICATION | N FOR RENEWAL: | Annual | LICEN | ISED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NA DOING BUSIN ADDRESS 69 | NESS A | .GARDNER POST #22 | 7 AM.LEGION INC | C. | |
| | MIDDLETON | STATE: MA | ZIP CODE: | 01949 | |
| MANAGER: | | ΓΥΡΕ OF LICENSE: Cl | | CATEGORY: | All Alcohol |
| EMAIL ADDR | ESS: | | | | |
| | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | J |
| DESCRIPTION | N OF LICENSED PRE | MISES: | | | |
| BAR. THE NE | W LODGE BLDG; BA | NS AND LADIES REST AR,KITCHEN,2 STORA TION ROOM,BOILER | AGE ROOMS,COA | T- ROOMS,N | IENS |
| I hereby certify | and swear under penal | ties of perjury that: | | | |
| 1. the 1 | renewed license will be | of the same type for the | e same premises nov | v licensed; | |
| | • | with all laws of the Com | • | to taxes; and | |
| 3. the 1 | premises are now open | for business (If not expl | ain below) | | |
| SIGNED BY | | | | | |
| | Individual, Part | tner or Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPH | ONE NUMBER: | EMPLOYE | R IDENTIFICAT | TON NUMBER: |
| | | | (Note: NOT In | dividual Social S | ecurity Number) |
| Acts of 2004, s | signed by the building | are in possession (1) the inspector and the hear e of liquor liability insu | d of the fire depart | ment for the | above |
| Please Check Belo | w: | | LOCAL LICEN | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVE | | | | | |
| (If disapproved | explain) | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | ER: 070400008 | | CITY OR TOWN | MIDDLET | ON |
|--|--|--------------------------|----------------------|-------------------|-------------|
| APPLICATION FO | OR RENEWAL: | Annual | LICEN | ISED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME DOING BUSINES | E: R & D REST. CO S A DAILEY'S | . INC. | | | |
| ADDRESS 245 SC | O. MAIN & RIVER S | ΓS | | | |
| CITY/TOWN: MI | IDDLETON | STATE: MA | ZIP CODE: | 01949 | |
| | ILEY, TY CHAEL | PE OF LICENSE: Re | estaurant C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS | S: | | | | |
| | PLEASE ALSO VISIT OUR V | VEBSITE AND ENTER YOUR I | EMAIL ADDRESS | | _ |
| DESCRIPTION O | F LICENSED PREM | ISES: | | | |
| | nsee has complied with nises are now open for Individual, Partne | | lain below) | to taxes; and | |
| | TELEPHOI ned, attest that we ar ed by the building in | | (Note: <u>NOT</u> In | dividual Social S | |
| | d (2) the certificate of | | | | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp |] olain) | | LOCAL LICEN: By: | SING AUTHO | ORITY |
| DATE: | | | | | |



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| LICENSE NU | MBER: 0/0400010 | | CI | IY OR IOW | N MIDDLEI | ON |
|---------------------------|--|-------------------------|-------------|-------------------|---------------------|--------------------------|
| APPLICATIO | N FOR RENEWAL: | Annua | al | LICE | ENSED FOR 20 | 013 |
| | | CLAS | SS | | | YEAR |
| LICENSEE N. DOING BUSI | AME: MIDDLETO NESS A | N GOLF COURSE I | I, INC. | | | |
| ADDRESS 10 | 5 SOUTH MAIN ST | | | | | |
| CITY/TOWN: | : MIDDLETON | STATE: | MA | ZIP CODE: | 01949 | |
| MANAGER: | GEORGE, WILLIAM | TYPE OF LICENS | SE:Restau | rant | CATEGORY: | Wine and Malt Regular |
| EMAIL ADDI | RESS: | | | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER | YOUR EMAIL | ADDRESS | | - |
| DESCRIPTIO | N OF LICENSED PI | REMISES: | | | | |
| DOORS ON D | E, MAIN LEVEL WI DIFFERENT SIDES (S AND GOLF PRO S | OF BLDG AND STA | AIRWAY ' | TO LOWER I | LEVEL CONTA | AINING |
| I hereby certify | y and swear under per | nalties of perjury that | t : | | | |
| 1. the | renewed license will | be of the same type i | for the san | ne premises no | ow licensed; | |
| 2. the | licensee has complie | d with all laws of the | Common | wealth relating | g to taxes; and | |
| 3. the | premises are now op | en for business (If no | t explain l | pelow) | | |
| SIGNED BY | Individual, P | artner or Authorized | Corporate | e Officer | | |
| DATE: | | | | | | |
| DATE: | TELEI | PHONE NUMBER: | | | ER IDENTIFICAT | |
| | | | | (Note. <u>NOT</u> | Individual Social S | ecurity Number) |
| Acts of 2004, | rsigned, attest that v signed by the buildi e and (2) the certific | ing inspector and th | e head of | the fire depa | rtment for the | above |
| Please Check Bel | ow: | | I | OCAL LICE | NSING AUTH | ORITY |
| APPROVED: | | | F | By: | | |
| DISAPPROVI | | | | | | |
| (If disapproved | d explain) | | = | | | |
| | | | = | | | |
| DATE: | | | = | | | |
| -/11L. | | | | | | |



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| LICENSE NUMBER | :070400013 | | CITY (| OR TOWN | MIDDLETO | ON |
|--|---|--|-------------------------|-------------------------|------------------------|-------------|
| APPLICATION FOR | R RENEWAL: | Annua | 1 | LICEN | SED FOR 20 | 13 |
| | | CLASS | S | | , | YEAR |
| LICENSEE NAME: DOING BUSINESS | _ | - | e | | | |
| ADDRESS 8 VILLA | GE RD. | | | | | |
| CITY/TOWN: MID | DLETON | STATE: | MA ZIF | P CODE: | 01949 | |
| MANAGER: Aheri | n, Thomas TYI | PE OF LICENS | E:Restaurant | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| j | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER Y | OUR EMAIL ADDR | ESS | | |
| ONE FLOOR DININ LADIES ROOMS,PO EXTENSION OF PR HELD ONE WEEK | G ROOM AND LO DOLSIDE AREA AN EMISES LICENSE | UNGE,FOYER ND REFRESHN FOR THE ANI | MENT STANI NUAL BOST | D. ALSO OI ON FIVE C | NE WEEK LASSIC TO I | BE . |
| 2. the license | ed license will be of ee has complied with ses are now open for | all laws of the | Commonweal | th relating to | | |
| SIGNED BY | Individual, Partner | or Authorized | Corporate Off | icer | | |
| | | | | | | |
| DATE: | TELEPHON | E NUMBER: | (N | | R IDENTIFICATI | |
| We the undersigned Acts of 2004, signed named license and (of 2010. | by the building in | spector and the | head of the | fire departı | ment for the | above |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | in) | | LOCA By: | AL LICENS | SING AUTHO | ORITY |
| DATE: | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 070400014 | | CITY OR TOWN MIDDLETON |
|---|---------------------|---|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | CLASS | YEAR |
| LICENSEE NAME: Sage Restaurant Manag | ger, LLC | |
| DOING BUSINESS A COCO KEY INDOOR | R RESORT | |
| ADDRESS 51 VILLAGE RD. | | |
| CITY/TOWN: MIDDLETON | STATE: MA | ZIP CODE: 01949 |
| MANAGER: DOUCETTE, TYPE O MATTHEW | OF LICENSE: Innl | holder CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | |
| PLEASE ALSO VISIT OUR WEBSITI | E AND ENTER YOUR EM | MAIL ADDRESS |
| DESCRIPTION OF LICENSED PREMISES: | | |
| EIGHT STORY HOTEL WITH BALLROOM FLOOR | A,DINING ROOM | M,LOUNGE AND CABANA ON FIRST |
| I hereby certify and swear under penalties of p | perjury that: | |
| 1. the renewed license will be of the s | same type for the | same premises now licensed; |
| 2. the licensee has complied with all l | laws of the Comm | nonwealth relating to taxes; and |
| 3. the premises are now open for busi | ness (If not expla | in below) |
| 9 | | |
| SIGNED BY | | 0.09 |
| Individual, Partner or A | Authorized Corpor | rate Officer |
| | | |
| DATE | | |
| DATE: TELEPHONE N | UMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |
| | | (1000. 1101) Individual Social Security Number) |
| We the undersigned, attest that we are in p Acts of 2004, signed by the building inspect | tor and the head | of the fire department for the above |
| named license and (2) the certificate of liqu of 2010. | ior liability insui | rance required by Chapter 116 of the Acts |
| of 2010. Please Check Below: | ior liability insui | LOCAL LICENSING AUTHORITY |
| of 2010. Please Check Below: APPROVED: | ior liability insui | |
| of 2010. Please Check Below: APPROVED: DISAPPROVED: | ior liability insui | LOCAL LICENSING AUTHORITY |
| of 2010. Please Check Below: APPROVED: | ior liability insui | LOCAL LICENSING AUTHORITY |
| of 2010. Please Check Below: APPROVED: DISAPPROVED: | ior liability insui | LOCAL LICENSING AUTHORITY |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 070400015 | CITY OR TOWN | MIDDLETO | ON | | |
|--|---|-------------------|--------------------------|--|--|
| APPLICATION FOR RENEWAL: Annual | LICEN | SED FOR 20 | 13 | | |
| CLASS | | , | YEAR | | |
| LICENSEE NAME: LUV KUSH MARKETING INC | | | | | |
| DOING BUSINESS A HOWE STATION MKT | | | | | |
| ADDRESS 229 MAPLE STREET | | | | | |
| CITY/TOWN: MIDDLETON STATE: MA | ZIP CODE: | 01949 | | | |
| MANAGER: KIPAK KARIA TYPE OF LICENSE:P | ackage Store CA | ATEGORY: | Wine and Malt Regular | | |
| EMAIL ADDRESS: | | | | | |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS | | | | | |
| DESCRIPTION OF LICENSED PREMISES: | | | | | |
| WOOD STRUCTURE; ONE FLOOR AND BASEMENT FO | OR STORAGE | | | | |
| I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the sam | e same premises now | licensed: | | | |
| 2. the licensee has complied with all laws of the Cor | = | | | | |
| | <i>6</i> | | | | |
| 3. the premises are now open for business (If not exp | olain below) | | | | |
| 3. the premises are now open for business (If not exp | olain below) | | | | |
| SIGNED BY | | | | | |
| | | | | | |
| SIGNED BY | | | | | |
| SIGNED BY Individual, Partner or Authorized Cor | porate Officer | | | | |
| SIGNED BY | porate Officer EMPLOYER | IDENTIFICATI | | | |
| SIGNED BY Individual, Partner or Authorized Cor | porate Officer | | | | |
| SIGNED BY Individual, Partner or Authorized Cor | porate Officer EMPLOYER | | | | |
| SIGNED BY Individual, Partner or Authorized Cor DATE: TELEPHONE NUMBER: Please Check Below: | porate Officer EMPLOYER | ividual Social Se | ecurity Number) | | |
| SIGNED BY Individual, Partner or Authorized Cor DATE: TELEPHONE NUMBER: Please Check Below: APPROVED: | porate Officer EMPLOYER (Note: NOT Ind | ividual Social Se | ecurity Number) | | |
| SIGNED BY Individual, Partner or Authorized Cor DATE: TELEPHONE NUMBER: Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: | DOTATE Officer EMPLOYER (Note: NOT Ind | ividual Social Se | ecurity Number) | | |
| SIGNED BY Individual, Partner or Authorized Cor DATE: TELEPHONE NUMBER: Please Check Below: APPROVED: | DOTATE Officer EMPLOYER (Note: NOT Ind | ividual Social Se | ecurity Number) | | |
| SIGNED BY Individual, Partner or Authorized Cor DATE: TELEPHONE NUMBER: Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: | DOTATE Officer EMPLOYER (Note: NOT Ind | ividual Social Se | ecurity Number) | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: |)/040001/ | | CITY OR TOWN MIDDLET | ON |
|--------------------------------------|---------------------------|----------------------|----------------------------------|------------------|
| APPLICATION FOR I | RENEWAL: | Annual | LICENSED FOR 2 | 013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: J DOING BUSINESS A | | ENT LIQUORS | | |
| ADDRESS 170 NORT | H MAIN STREET | | | |
| CITY/TOWN: MIDD | LETON | STATE: MA | ZIP CODE: 01949 | |
| MANAGER: PAIKO | OS, JAMES J. TYPE | OF LICENSE: Pac | kage Store CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PL | EASE ALSO VISIT OUR WEBSI | TE AND ENTER YOUR EM | IAIL ADDRESS | |
| DESCRIPTION OF LI | | i : | | |
| FULL LIQUOR STOR | E. | | | |
| I hereby certify and swe | ear under penalties of | perjury that: | | |
| 1. the renewed | license will be of the | same type for the | same premises now licensed; | |
| 2. the licensee | has complied with all | laws of the Comm | nonwealth relating to taxes; and | |
| 3. the premises | s are now open for bus | siness (If not expla | in below) | |
| | | | | |
| SIGNED BY | | | | |
| | Individual, Partner or | Authorized Corpo | rate Officer | |
| | | | | |
| | | | | |
| DATE: | TELEPHONE N | NUMBER: | EMPLOYER IDENTIFICAT | ΓΙΟΝ NUMBER: |
| | | | (Note: NOT Individual Social S | Security Number) |
| | | | | |
| Please Check Below: | | | LOCAL LICENCING AUTH | ODITY |
| APPROVED: | | | LOCAL LICENSING AUTH By: | OKII I |
| DISAPPROVED: |] | | by. | |
| (If disapproved explain | 1) | | | |
| - | | | | |
| | | | | |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUM | BER: 0/0400018 | | CITY OR TOWN MIDE | DLETON |
|---|--|----------------------------|--|---|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FO | OR 2013 |
| | | CLASS | | YEAR |
| | ME: Middleton Lie | • | | |
| DOING BUSINE | ESS A RUSTY'S B | OTTLE SHOP | | |
| ADDRESS 21 S | . MAIN STREET | | | |
| CITY/TOWN: | MIDDLETON | STATE: MA | ZIP CODE: 0194 | 9 |
| MANAGER: K | Karahalis, Alan J | TYPE OF LICENSE: Pa | ackage Store CATEGO | ORY: All Alcohol |
| EMAIL ADDRE | ESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | <u>_</u> |
| DESCRIPTION | OF LICENSED PR | EMISES: | | |
| ONE STORY W FOR 15 CARS | OOD FRAME, FRO | ONT AND REAR ENTR | ANCES,WITH OFF STREE | T PARKING |
| 1. the re 2. the lie | newed license will locensee has complied | * * | e same premises now license nmonwealth relating to taxes; blain below) | |
| SIGNED BY | Individual, Pa | artner or Authorized Corp | porate Officer | |
| | | | | |
| DATE: | TELEP | HONE NUMBER: | EMPLOYER IDENTI (Note: <u>NOT</u> Individual S | FICATION NUMBER: ocial Security Number) |
| Please Check Below APPROVED: DISAPPROVED | D: | | LOCAL LICENSING A'By: | UTHORITY |
| (If disapproved e | expiain) | | | |



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| LICENSE NU | MBER: 070400022 | | CITY OR TO | WN MIDDLET | ON |
|-------------------------------|-------------------------|--|--------------------|--|--------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LIC | CENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| | AME: ANGELICA, | | | | |
| ADDRESS 49 | SOUTH MAIN STR | EET | | | |
| CITY/TOWN: | : MIDDLETON | STATE: MA | ZIP CODE | E: 01560 | |
| MANAGER: | KOURKOULIS, CHRIS A. | TYPE OF LICENSE: RO | estaurant | CATEGORY: | All Alcohol |
| EMAIL ADDI | RESS: | | | | |
| | | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| - | N OF LICENSED PR | | | | |
| CEMENT BL | OCK & WOOD FRA | ME, 2 FLOOR W BLDG | • | | |
| | | | | | |
| | premises are now op- | d with all laws of the Comen for business (If not exp | lain below) | | |
| DATE: | | WOLE IN DEP | EMDI (| OYER IDENTIFICAT | TON NIIMPED. |
| DATE. | TELEF | PHONE NUMBER: | | $\underline{\mathbf{T}}$ Individual Social S | |
| Acts of 2004, | signed by the buildi | ve are in possession (1) the ng inspector and the heat ate of liquor liability ins | ad of the fire dep | partment for the | above |
| Please Check Bel | ow: | | LOCAL LIC | ENSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVI (If disapproved | | | | | |
| (== disapprovo | | | | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 070400026 | (| CITY OR TOWN MIDDLETON |
|---|--------------------------------|--|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | CLASS | YEAR |
| LICENSEE NAME: MINEMOTO | ENTERPRISES | |
| DOING BUSINESS A BLUE FIN F | RESTAURANT | |
| ADDRESS 260 SOUTH MAIN ST | | |
| CITY/TOWN: MIDDLETON | STATE: MA | ZIP CODE: 01949 |
| MANAGER: MINEMOTO, KIYOHIKO | TYPE OF LICENSE: Resta | aurant CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | |
| PLEASE ALSO VISIT (| OUR WEBSITE AND ENTER YOUR EMA | IL ADDRESS |
| DESCRIPTION OF LICENSED PR | | |
| RANCH STYLE HOUSE CONVER FRONT, 3 ENT/EXITS IN REAR, C | | WITH ONE ENTRANCE/EXIT IN |
| 3. the premises are now ope. SIGNED BY | | |
| DATE: TELEPI | HONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |
| Acts of 2004, signed by the building | ng inspector and the head | certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AUTHORITY By: |
| DATE: | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 070400030 | | CITY OR TOWN | MIDDLETON |
|---|---|---|--|---|
| APPLICATION FO | TION FOR RENEWAL: Annual LICENSED FOR 2013 | | SED FOR 2013 | |
| | | CLASS | | YEAR |
| DOING BUSINESS | TARA THAI INCO | | | |
| | UTH MAIN STREET | | | 01040 |
| CITY/TOWN: MII | | STATE: MA | ZIP CODE: | 01949 |
| MANAGER: WO | NG, TYP CHANAN | PE OF LICENSE: R | estaurant C. | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| DESCRIPTION OF | PLEASE ALSO VISIT OUR WE LICENSED PREMIS | | EMAIL ADDRESS | |
| the renew the licens | swear under penalties wed license will be of to see has complied with ises are now open for | the same type for the all laws of the Con | monwealth relating t | |
| SIGNED BY | Individual, Partner | or Authorized Corp | oorate Officer | |
| DATE: | TELEPHON | E NUMBER: | | R IDENTIFICATION NUMBER: |
| We the undersigne | | | | |
| Acts of 2004, signe | d by the building ins | pector and the hea | d of the fire depart | ed by Chapter 304 of the ment for the above Chapter 116 of the Acts |
| Acts of 2004, signe named license and | d by the building ins (2) the certificate of | pector and the hea | d of the fire depart urance required by | ment for the above |



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| LICENSE NUI | MBER: 070400031 | | CITY OR TOWN | MIDDLET | ON |
|---|---|--|---|------------------------|----------------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NA | AME: NY FOODS, L | LC | | | |
| DOING BUSIN | NESS A TERESA'S IT | TALIAN EATERY & I | DELI | | |
| ADDRESS 149 | 9 SOUTH MAIN STRI | EET | | | |
| CITY/TOWN: | MIDDLETON | STATE: MA | ZIP CODE: | 01949 | |
| MANAGER: | YEBBA, NICHOLAS A. JR. | TYPE OF LICENSE: R | Restaurant C. | ATEGORY: | All Alcohol |
| EMAIL ADDR | RESS: | | | | |
| | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION | N OF LICENSED PRE | MISES: | | | |
| THE DELI, WI FROM BUT A LICENSEE IS INVOLVE AN | nostess to the outside de HICH WAS ORIGINAL DJACENT TO THE R PROPSING TO INST IY CHANGES TO THI | LLY LOCATED IN TI ESTAURANT. THIS ALL A BAR. THE PRO E CATEGORY OF TY | HE RESTAURANT, T CREATES AN OPEN OPOSED CHANGES | ΓΟ A SPACE VAREA WH | E APART ERE THE |
| - | and swear under penal | | | | |
| | renewed license will be | · - | = | | |
| | licensee has complied v premises are now open | | = | o taxes; and | |
| o. the | premises are now open | Tor business (If not ex | piani below) | | |
| SIGNED BY | Individual, Par | tner or Authorized Cor | porate Officer | | |
| | | | | | |
| DATE: | TELEPH | ONE NUMBER: | | | ΓΙΟΝ NUMBER: Security Number) |
| Acts of 2004, | rsigned, attest that we signed by the building and (2) the certificat | g inspector and the he | ad of the fire depart | ment for the | above |
| Please Check Belo | ow: | | LOCAL LICENS | SING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVE | | | | | |
| (If disapproved | l explain) | | | | |
| | | | | | |
| DATE: | | | | | |



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 070400036 | | CITY OR TOWN | MIDDLETO | ON |
|---|-------------------------------|-------------------------------------|--------------|-----------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | CLASS | | , | YEAR |
| LICENSEE NAME: SERENITEE (| CATERING CORP. | | | |
| DOING BUSINESS A MAGGIE'S I | FARM | | | |
| ADDRESS 119 SOUTH MAIN ST | | | | |
| CITY/TOWN: MIDDLETON | STATE: MA | ZIP CODE: | 01949 | |
| MANAGER: WAITKUS, SUZANNE | TYPE OF LICENSE: Res | taurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT O | OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | | |
| DESCRIPTION OF LICENSED PRI | EMISES: | | | |
| 3300 SF RESTAURANT WITH TAI TABLES WITH A FULL SERVICE | | | | D |
| I hereby certify and swear under pena | alties of perjury that: | | | |
| 1. the renewed license will b | e of the same type for the | same premises now | licensed; | |
| 2. the licensee has complied | with all laws of the Comm | onwealth relating to | taxes; and | |
| 3. the premises are now open | 1 for business (If not expla | in below) | | |
| | | | | |
| SIGNED BY Individual, Pa | rtner or Authorized Corpo | rate Officer | | |
| | | | | |
| | | | | |
| DATE: TELEPI | HONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: | | |
| I EEEI I | TONE NOWIBER. | (Note: NOT Individual Social Securi | | ecurity Number) |
| We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010. | g inspector and the head | of the fire departr | nent for the | above |
| Please Check Below: | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | By: | | |
| DISAPPROVED: | | | | |
| (If disapproved explain) | | - | | |
| | | | | |
| DATE: | | | | |



www.mass.gov/abcc

| | CITY OR TOWN MIDDLE | ΓON | |
|------------------------------|--|--|--|
| Annual | LICENSED FOR 2 | 2013 | |
| CLASS | | YEAR | |
| NEW ENGLAND LLC | | | |
| | | | |
| N ST | | | |
| STATE: MA | ZIP CODE: 01949 | | |
| | | All Alcohol | |
| | | | |
| OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | |
| REMISES: | | | |
| G; ONE ENTRANCE AND | TWO EXITS; TOTAL SQUAI | RE FEET | |
| nalties of perjury that: | | | |
| be of the same type for the | same premises now licensed; | | |
| d with all laws of the Com | nonwealth relating to taxes; and | | |
| en for business (If not expl | ain below) | | |
| | | | |
| | | | |
| artner or Authorized Corpo | orate Officer | | |
| | | | |
| | | | |
| PHONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: | | |
| | (Note: <u>NOT</u> Individual Social Security Number) | | |
| ing inspector and the head | d of the fire department for the | e above | |
| | LOCAL LICENSING AUTH | IORITY | |
| | By: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | CLASS NEW ENGLAND LLC N ST STATE: MA TYPE OF LICENSE: Ge: pre COUR WEBSITE AND ENTER YOUR ENTER ENTER ENTER AND ENTER YOUR ENTER | Annual LICENSED FOR 2 CLASS NEW ENGLAND LLC N ST STATE: MA ZIP CODE: 01949 TYPE OF LICENSE: General on CATEGORY: premise OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS REMISES: G; ONE ENTRANCE AND TWO EXITS; TOTAL SQUAD nalties of perjury that: be of the same type for the same premises now licensed; d with all laws of the Commonwealth relating to taxes; and en for business (If not explain below) Partner or Authorized Corporate Officer PHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social we are in possession (1) the certificate required by Chapting inspector and the head of the fire department for the rate of liquor liability insurance required by Chapter 11 LOCAL LICENSING AUTHORS | |